

Department of Veterans Services Point Paper on the Sitter-Barfoot Veterans Care Center (SBVCC)

Overview/Current Status

- 160-bed facility currently under construction
 - 120 skilled care (nursing) beds
 - 40 Alzheimer's beds
 - Projected completion – Spring 2007
 - Projected opening – July 2007
 - Total project costs: \$26.3 million
 - \$14.7 million – federal grant
 - \$11.6 million – Commonwealth of Virginia
- 40-bed addition
 - Domiciliary (assisted living) care
 - Construction expected to begin in 2009 or later
 - Project is ranked #88 of 160 on U.S. Department of Veterans Affairs "Priority List of Pending State Home Construction Grant Applications for FY 2007"
 - Total project costs: up to \$8 million
 - \$5.2 million – federal grant
 - \$2.8 million – Commonwealth of Virginia
- Facility named for two Medal of Honor Winners with ties to the Richmond area
 - Colonel Van Barfoot, U.S. Army, World War II
 - Colonel Carl Sitter, U.S. Marine Corps, Korea

Funding

- Veterans Care Centers (also called State Homes) are jointly funded by the federal government and the states
 - Federal government – Funds up to 65% of total project costs
 - State government – responsible for at least 35% of total project costs
- States apply to the U.S. Department of Veterans Affairs (USDVA) for a federal grant to cover up to 65% of total project costs
- USDVA prioritizes grant applications according to a number of factors, including:
 - Number of beds needed in a state
 - Urgency (ex. life/safety issues)
 - Whether the state has committed funds to the project

Background/Timeline

- November 1992: Virginia Veterans Care Center (VVCC) opens
 - Virginia's first veterans care center
 - Adjacent to Salem VA Medical Center
 - 240-beds (120 skilled/nursing care, 60 Alzheimer's, 60 domiciliary beds)
 - Three-story facility
 - Semi-Private (double-occupancy) rooms
- July 1998: 1998 General Assembly appropriates \$35,000 to conduct a study on the need for a second veterans care center
- October 1998: Needs study completed by Motley + Associates Architects
 - Recommends that 240-bed (120 skilled/nursing care, 120 domiciliary care) veterans care center be built adjacent to the McGuire VA Medical Center in Richmond
 - Estimates project costs as \$28 million, based on costs of Virginia Veterans Care Center in Salem
- March 1999: Virginia Department of Veterans Affairs (VDVA) files application with U.S. Department of Veterans Affairs (USDVA) for federal grant funds for a \$28.8 million, 280-bed project (140 skilled/nursing care, 60 Alzheimer's care, 80 domiciliary care)
- July 1999: 1999 General Assembly appropriates \$200,000 to prepare schematic design
- November 1999: Schematic design completed by Motley + Associates Architects
 - Similar to the design of the VVCC (i.e. multi-story with semi-private rooms)
- December 2000: Governor Gilmore's proposed budget for the 2001 General Assembly requests \$26.3 million (total project costs) for second veterans care center
 - \$9.2 million – Commonwealth of Virginia
 - \$17.1 million – federal grant
 - The 2001 General Assembly did not adopt any budget amendments, so this budget request was not acted on
- May 2001: Based on schematic design completed by Motley + Associates Architects, estimated total project cost for a second veterans care center is now put at \$22.7 million for a 240-bed facility (120 skilled care, 60 Alzheimer's care, 60 domiciliary care) with semi-private (double occupancy) rooms
- December 2001: Governor Gilmore's proposed budget for the 2002 General Assembly requests \$22.7 million request (total project costs) for a second veterans care center
 - \$7.9 million – Commonwealth of Virginia
 - \$14.8 million – federal grant

- April and May 2002: 2002 Virginia Acts of Assembly, Chapters 887 and 899 approved
 - Provides \$22.7 million in total project costs to construct second veterans care center
 - Chapter 887: Approves \$7.9 million in state funding for second veterans care center through Virginia Public Building Authority (VPBA) bonds
 - Chapter 899: Authorizes acceptance of \$14.8 million in federal funding
 - VDVA notifies USDVA of reduction in total project budget
- March 2003: 2003 Virginia Acts of Assembly, Chapter 244 approved
 - Names Virginia's second veterans care center after Richmond-area Medal of Honor recipients Colonel Carl Sitter, U.S. Marine Corps, Retired and Colonel Van Barfoot, U.S. Army, Retired
- October 2003: USDVA releases "Priority List of Pending State Home Construction Grant Applications for FY 2004"
 - 280-bed project is listed #56 of 100
- November 2003: Virginia Department of Veterans Services (VDVS) issues request for proposal for Architectural & Engineering services to design the Sitter-Barfoot Veterans Care Center (SBVCC)
- June 2004: Clark♦Nexsen Architectural & Engineering awarded design contract
 - Initial concept envisions SBVCC as a 240-bed facility, on a single level, with semi-private rooms
- Summer 2004: Working with the Department of General Services (DGS) and Clark♦Nexsen, VDVS examined design options
 - Single-story vs. Multi-story
 - A single-level facility:
 - Provides better life safety (all exits on first floor)
 - Eliminates the need for elevators and staircases
 - Improved livability (easier for residents to get around)
 - Requires a bigger "footprint" than a multi-level facility
 - Multi-level:
 - Requires a smaller "footprint" than a single-level facility
 - Must include elevators and stairwells (with increased square footage requirement)
 - Semi-private (double occupancy) vs. Private (single occupancy rooms)
 - Single-occupancy rooms:
 - Decrease the incidence of cross contamination of infection and disease
 - Are more conducive to care of patients with psychiatric disorders
 - Provide a better social environment for residents
 - Can better accommodate the increasing number of female veterans
 - Require increase support structure (double the number of bathrooms, double the number of window HVAC units, etc.)

- Require a bigger facility to accommodate the same number of rooms
 - Are more expensive per bed to construct
 - Double-occupancy rooms:
 - Require less support structure
 - Allow for a smaller building
 - Increase the incidence of infection and disease
 - Don't allow as much flexibility in admissions and care
 - Are less expensive to construct, but are less desirable accommodations due to lack of privacy
 - Cost considerations:
 - A facility with private rooms would be bigger and more expensive to build, but would provide greatly increased livability to residents
 - A facility with semi-private rooms would be smaller and less expensive to build, but has multiple drawbacks, including increased risk of the spread of disease and reduced flexibility of care
 - A single-level facility would require a bigger footprint but would mean improved life/safety and livability for residents
 - A multi-story facility would require less "footprint" but would mean increased life support/egress costs
- August 2004: VDVS approves initial scope of design change – SBVCC will be built as a private room (single occupancy) facility
 - Factors considered:
 - Bigger footprint (if built single-story)
 - Increased costs (more support structure required)
 - Benefit: increased livability/safety for residents
 - Drawback: potential for increased costs
- August 2004: VDVS approves reduction of beds from 280 to 200
 - With switch to all private rooms, project budget could only accommodate 200 beds (120 skilled care, 40 Alzheimer's, 40 domiciliary)
 - 20 skilled care, 20 Alzheimer's, and 40 domiciliary beds eliminated
 - Considerations in the reduction from 140 to 120 skilled care beds
 - Nursing home standard is for delivery of patient care on 60-bed units
 - VDVS believed two 60-bed units are best method of delivering quality patient care
 - Considerations in the reduction from 60 to 40 Alzheimer's beds
 - Research has indicated that smaller units are more optimal for the care of Alzheimer's patients. Experience at VVCC confirms this
 - VDVS believed a 40-bed unit was better suited to quality resident care, as a 40-bed unit would provide a more therapeutic environment and would reduce external stimulation of patients (fewer staff, fewer visitors, etc.)
 - Considerations in the reduction from 80 to 40 domiciliary care beds
 - Based on experiences at the VVCC, there were relatively few transfers from the domiciliary care unit to the nursing units

- VDVS felt that building an 40-bed domiciliary care unit vs. an 80-bed unit would not significantly impact the occupancy of the nursing units
 - Additional consideration: if the facility was to be built as on a single level, the site could not accommodate 280 rooms
 - Options considered:
 - Continue with the 280-bed design and submit a revised application for increased USDVA funding
 - The 2005 General Assembly would first have to approve an increase in total project costs, then would have to approve an increase in the Commonwealth's 35% share of the total project costs
 - After the increased projects costs had been approved, Virginia would then have to apply to the USDVA for increased funding (total project costs and USDVA 65% share)
 - Benefits: The facility could be built at 280 beds (140 nursing care, 60 Alzheimer's, 80 domiciliary)
 - Drawback: Federal funding would potentially be delayed until 2007 or beyond, as the application for increased funding could have moved Virginia to the bottom of the priority list
 - Build the maximum number of beds the approved project budget (\$22.7 million) would allow, and apply for a separate USDVA grant to build an addition
 - Benefits: Construction would begin sooner
 - Drawbacks: smaller facility, no guarantee of federal funding for addition
- August 2004: VDVS notifies USDVA that scope of project is being reduced from 280 beds to 200 beds (120 skilled care, 40 Alzheimer's, 40 domiciliary)
- October 2004: USDVA releases "Priority List of Pending State Home Construction Grant Applications for FY 2005"
 - 200-bed project is listed #65 of 131
- December 2004: VDVS notifies USDVA that scope of project is being reduced from 200 beds to 160 beds (120 nursing, 40 Alzheimer's)
 - Project budget will only allow for a 160-bed facility
 - VDVS believed that the most critical need was for skilled/nursing care beds and Alzheimer's beds
- December 2004: VDVS submits preliminary application to USDVA for an 80-bed addition (80 domiciliary care beds)
 - VDVS believed SBVCC site could accommodate 240 beds in a single-level facility
 - Would bring SBVCC back to 240 beds
 - Total project costs estimated at \$8 million
 - \$5.2 million – federal grant

- \$2.8 million – Commonwealth of Virginia
- April 2005: 2005 Virginia Acts of Assembly, Chapter 852 approved
 - Commits Virginia's share (\$2.8 million, or 35%) of the project costs for the \$8 million, 80-bed addition
- July 2005: Final design document approved
 - Available site would not accommodate a 240-bed facility (four 60-bed wings) on a single level
 - Would only accommodate 200 beds on a single level (two 60-bed wings, two 40-bed wings)
 - Options considered:
 - Revise the design of the addition to make it two levels, which would accommodate two 40-bed domiciliary units
 - Eliminate 40 domiciliary beds from the addition, leaving one 40-bed domiciliary unit. A single 40-bed unit would keep the entire facility on one-level, maintaining architectural integrity with the rest of the facility while maximizing available site space
 - VDVS approved the elimination of 40 domiciliary beds, meaning the addition will be only 40 beds instead of 80 beds
 - A 40-bed, single-story addition will be less expensive to construct than a two-story facility, because there won't be a need for stairs, elevators, etc.
- July 2005: USDVA transfers 20 acres of land on the campus of the McGuire VA Medical Center to the Commonwealth of Virginia
- July 2005: USDVA awards the Commonwealth of Virginia a grant of \$14,749,800
 - This represents 65% of \$22.7 million
- September 2005: Contract signed between Commonwealth of Virginia and S.B. Ballard Construction Company
- October 2005: USDVA releases "Priority List of Pending State Home Construction Grant Applications for FY 2006"
 - 80-bed addition ranked #78 of 128
- November 2005: Groundbreaking ceremony held for 160-bed facility
- July 2006: 2006 Virginia Acts of Assembly, Chapter 3 approved \$3.6 million in additional funding for the 160-bed project
 - Total project costs for 160-bed project now at \$26.3 million
 - Increased costs of construction material are primarily responsible
- July 2006: At a meeting of the Board of Veterans Services (BVS), VDVS briefed BVS members on the reduction from 80 to 40 beds for the SBVCC addition

October 10, 2006

- October 2006: USDVA releases “Priority List of Pending State Home Construction Grant Applications for FY 2007”
 - SBVCC addition ranked #88 of 160
 - USDVA still lists the SBVCC addition as 80-beds, however, only a 40-bed addition will be constructed
 - VDVS has verbally notified USDVA of change in scope and will submit formal documentation in Spring, 2007